PATIENT APPLICATION FEE DETERMINATION RECORD CLAIMS AS FILED PARTIC SMALL ENTITY (Column 1) (Column:2) TYPE TOTAL CLAIMS FEE NUMBER EXTRA 375.00 BASIC FEE NUMBER FILED FOR OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18≢ OR INDEPENDENT CLAIMS minus:3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRÉSENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY ADDI ADDI **AMENDMENT A** REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AFTER. PREVIOUSLY **EXTRA** FEE FEE. **AMENDMENT** PAID FOR Total Minus. X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **PREVIOUSLY** AFTER **EXTRA** FEE FEE **AMENDMENT** PAID FOR Total Minus X\$ 9= X\$18=OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OB TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-ADDI-**ENDMENT C** REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X84= X42= 100 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3."

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